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CONFIRMATION NO. 6099

SERIAL NUMBER 10/768,158	FILING DATE 01/30/2004 RULE	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. MPI03-012P1RNOMNIM
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APPLICANTS

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Scott D. Eliasof, Lexington, MA;** CONTINUING DATA ***** *SW*

This appln claims benefit of 60/444,781 02/04/2003
 and claims benefit of 60/452,291 03/05/2003
 and claims benefit of 60/454,540 03/13/2003
 and claims benefit of 60/478,805 06/16/2003
 and claims benefit of 60/491,048 07/30/2003

** FOREIGN APPLICATIONS ***** *NONE SW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>SW</i> Initials				

ADDRESS

30405
 MILLENNIUM PHARMACEUTICALS, INC.
 40 Landsdowne Street
 CAMBRIDGE, MA
 02139

TITLE

Methods and compositions in treating pain and painful disorders using 16386,15402, 21165, 1423, 636, 12303, 21425, 27410, 38554, 38555, 55063, 57145, 59914, 94921, 16852, 33260, 58573, 30911, 85913, 14303, 16816, 17827 or 32620

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)